SF-95 CLAIM FOR DAMAGE, INJURY, OR DEATH - SUPPLEMENTAL INFORMATION		
INSTRUCTIONS:	Please include information for boxes 1-12. F your claim while the information is collected.	ailure to provide accurate information could delay
1. Name:		
2. Did the incident take place at: (Please check one)		
A TSA Passenger Security Screening Checkpoint? Checked Baggage Screening Location? Other: (Please explain)		
3. At which Airport did the incident occur?		
4. At which Checkpoint, Concourse, Pier, or Terminal did the incident occur?		
5. What was the Date	and time of the incident?	
6. What was the name of the last airline flown?		
7. Please write down your complete travel itinerary: (e.g. flight number, arrival/departure time, et.)		
8. If this was a checke	ed baggage incident:	
	otification of Inspection in your baggage? SA Seal or tape on your baggage?	Yes No No
9. What is your email	address?	
10. Are you in the Mili	itary and traveling under orders?	YesNo
11. Please write down the names and badge numbers of any TSA personnel you know to be involved.		
12. Did you file any ty	pe of incident report with the airport, airlin	e, or any law enforcement organization?